

## Williamson County 2008 Benefit Outline

Website: [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits)

### Basic Life Insurance for Employees

Williamson County provides, at no cost, to Full-Time employees, Basic Life Insurance worth \$30,000.00 with AD&D included through Sun Life

### Health Benefit Deductible Option

03-27-08

	In Network Deductible		Out of Network Deductible
<b>Deductibles:</b>	\$300.00 / Person \$750.00 / Family		\$600.00 / Person \$1500.00/Family
<b>Max Out of Pocket:</b>	\$1,300.00 / Person \$2,600.00 / Family		No Maximum No Maximum
<b>Co-Pays:</b>	90% After deductible	Office Visits, Labs, X-Rays, Out/In Patient Services or any Medical Professional Services	70% After deductible
<b>Emergency Room:</b>	\$100.00 Co-Pay, then 90% after deductible		\$100.00 Co-Pay, then 70% after deductible
<b>Yearly Physical:</b>	No Cost to Employee for first \$350 in charges.		70% After deductible

### Health Benefit Co-Pay Option

### In-Network Benefits Only - No Out-Of-Network Benefits

<b>Co-Pays:</b>	\$15.00 Primary Care Physician Office Visits \$25.00 Specialist Office Visits - <b>** NO REFERRALS NEEDED TO GO TO A SPECIALIST**</b> \$250.00 Hospital Co-Pay, per admission \$250.00 Outpatient Co-pay, per service
<b>Max Out of Pocket:</b>	\$2,000.00 / Person \$4,000.00 / Family
<b>Emergency Room:</b>	\$100.00 Co-Pay per Visit -- <b>** Contact PCP within 24 hours of visit**</b>
<b>Yearly Physical:</b>	Co-pays apply based on PCP or Specialist

Please note that the information printed on this sheet is intended for illustration purposes only. Refer to plan document for detailed benefit descriptions.

PHCS Provider Directory Hotline: 1-888-523-7427 or [www.phcs.com](http://www.phcs.com) for Deductible & Co-pay Plans, Choose PPO Providers

**Prescription Benefits: Caremark 1-800-966-5772 or [www.caremark.com](http://www.caremark.com)**

**To expedite the start up of your mail order process please contact Faststart at 1-866-273-5268**

	30 Day Supply @ Local Pharmacy	90 Day Supply from Mail Order
<b>Generic</b>	\$10.00	\$10.00
<b>Formulary</b>	\$20.00 or 20% which ever is higher	\$40.00
<b>Non-Formulary</b>	\$35.00 or 35% which ever is higher	\$75.00

\*\*\*There is \$100.00 max per month per prescription for an RX if bought at a local pharmacy

Payroll Deducted Premiums for Health Benefit Options and Dental Benefit					
Coverage Options	Deductible	Spousal	Co-Pay	Spousal	Delta Dental Plan
Williamson County <b>Gov</b> Employee Only	\$0.00*	\$0.00*	\$0.00*	\$0.00*	\$0.00*
Williamson County <b>Gov</b> Employee + One	\$46.42*	\$92.57*	\$37.05*	\$83.21*	\$6.59*
Williamson County <b>Gov</b> Employee + Family	\$87.81*	\$133.97*	\$71.92*	\$118.08*	\$6.59*
Williamson County <b>BOE</b> Employee Only	\$0.00^	\$0.00^	\$0.00^	\$0.00^	\$0.00^
Williamson County <b>BOE</b> Employee + One	\$60.34^	\$120.34^	\$48.18^	\$108.18^	\$8.56^
Williamson County <b>BOE</b> Employee + Family	\$114.16^	\$174.16^	\$93.50^	\$153.50^	\$8.56^
<b>*Per Pay Period Based on 26 Deductions Per Year</b>			<b>^Per Pay Period Based on 20 Deductions Per Year</b>		

\*\*\*The spousal column already has the \$100.00 monthly surcharge added into the cost.

**Flexible Spending Account** – Consociate Group Customer Service 1-800-798-2422

Questions regarding medical benefits and claim status, please contact **CUSTOMER SERVICE at 1-800-798-2422.**

Specific questions regarding employee benefit issues please refer to the below listing:

Pam Esberger – New Hire Coordinator  
Mary Adamson - Eligibility Coordinator  
Renee Spicer– LOA & Flexible Spending Account Coordinator  
Laurie Gulan – Retiree and Cobra Coordinator  
LeAyn Barnhill – Scanning Technician

591-8526  
790-5600  
595-1268  
591-8506  
591-8521

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